



**Tobacco Prevention Services
Request for Proposals
Announcement and Application**

Release Date: March 18th, 2019

Application Due: April 12th, 2019 at NOON

**212 Cook Road
Lebanon, OH 45036
513-695-1695**

About MHRS

Mental Health Recovery Services of Warren and Clinton Counties (MHRS) is the public entity responsible for planning, funding, monitoring and evaluating behavioral health services for the residents with serious mental health disorders and addiction disorders. MHRS funding comes from many sources including federal, state and local levy dollars.

MHRS' strategic direction is based on Mission, Vision and Values. Our Strategic Goal is **“Ensure a forward thinking, community focused culture to establish MHRS as a recognized leader in behavioral healthcare.**

Mission:

The mental health and recovery services system supports communities in Clinton and Warren Counties to respond to behavioral health issues through prevention, intervention, treatment, rehabilitation and asset building services. Our mission is sharing hope and caring to achieve recovery from mental illness, alcoholism, and drug addiction. Our expectations for recovery include the acquisition of meaningful roles, sobriety, healthy relationships with friends and family, and a joyful life.

Vision:

We will set the standard for excellence in delivering behavioral healthcare. Everyone who provides or receives services in this system will:

- Actively engage their talents to promote the common vision of recovery.
- Anticipate and respond to the emerging needs of our community.
- Offer or accept services wherever people live, work or play.
- Demonstrate abilities exceeding local, state and national standards.

Values:

We believe in a stated system of standards and values consistent with professional conduct delivered with compassion and respect.

- Good stewardship. We believe that we are responsible to the general community for providing quality services relevant to the needs of service customers.
- A foundation of integrity. Our integrity is expressed through our commitment to be open and honest with our community, employees and our customers.
- Investment in our employees. We promote continuous efforts to learn, improve and implement best practices to better address the needs of our customers.
- Interdependence of providers. Our providers are interdependent, each with an integral part to play in the recovery of our customers. What we provide together is greater than that which any of us can provide alone.
- A new vision of communities. We believe that communities should be characterized by tolerance, appreciation of diversity, creativity and adaptability to the emerging and changing needs of its members.

Prevention Services

Prevention in Ohio is grounded in the public health model. The focus of the public health model is on the health, safety and well-being of entire populations, rather than individual persons. A unique aspect of both the field and the model is that it strives to provide the maximum benefit for the largest number of people. Public health also draws on a science base that is multi-disciplinary, relying on the knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education, and economics. This broad knowledge base allows the field of public health to respond to a range of conditions across populations.

Prevention aims to reduce the underlying risk factors that increase the likelihood of mental, emotional, and behavioral health disorders (MEB) and simultaneously to promote protective factors to decrease MEB health disorders. MEB health disorders include, but are not limited to, substance use disorders, mental illness, suicide, problem gambling, etc.

Along with the public health model, the Social Ecological Model creates a framework for prevention. The Social Ecological Model (SEM) is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion and prevention within organizations.

Prevention education and Environmental Strategies *are the two main* prevention strategies, because they have the intervention strength to influence attitude, behavior, and status. *Therefore, conducting either prevention education or environmental strategies alone is considered prevention*

- **Prevention Education:** This strategy focuses on the delivery of services to target audiences with the intent of influencing attitude and/or behavior. It involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities. Activities influence critical life skills and social/emotional learning including decision-making, refusal skills, critical analysis, and systematic judgment abilities. Prevention education is not equivalent to psychosocial education, which is helping a diagnosed individual increase awareness and knowledge of the nature, extent, and harmful effects of their behavioral health disorder.
- **Environmental Strategies:** This strategy seeks to establish or change standards of policies to reduce the incidence and prevalence of behavioral health problems in a population. This is accomplished through media, messaging, policy, and enforcement activities conducted at multiple levels of the social ecological model.

The following four supplemental strategies support the implementation of the two main strategies. *These strategies used individually do not constitute prevention*

- **Alternatives:** This strategy focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior and reinforcing protective factors. Alternative programs include a wide range of social, cultural, and community service/volunteer activities. **Alternative activities** must be conducted as a part of a larger, comprehensive prevention effort. Otherwise, they are merely a fun activity that cannot be distinguished from healthy participation in community life.
- **Community-Based Process:** The strategy focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building, and/or networking. **Community-based process** activities are essential to effectively implementing an environmental strategy. Planning and meeting must result in the selection of either a prevention

education or environmental strategy to allow for the return on investment of the community's resources invested in the coalition building, capacity building, and planning process.

- **Information Dissemination:** The strategy focuses on building awareness and knowledge of behavioral health and the impact on individuals, families, and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience. **Information dissemination** provides a foundation for community-based process to engage and mobilize communities into action. Although prevention strategies can be implemented without the foundation of information dissemination and community-based process, these interventions tend to lack the benefits resulting from broad-based community support and opportunities for expansion and quality improvement.
- **Problem Identification & Referral:** This strategy focuses on referring individuals who are currently involved in primary prevention services and who exhibit behavior that may indicate the need for a behavioral health assessment. This strategy does not include clinical assessment, treatment for behavioral health disorders, or SBIRT (Screening, Brief Intervention, and Referral to Treatment) services. The **problem identification and referral** strategy is implemented when an individual enrolled in a direct service is identified as possibly needing or may benefit from services that exceed the scope of prevention.

Request for Proposal

MHRS is looking for responses to this RFP that provide tobacco prevention services in the community. The provider should be capable and willing to begin full implementation on July 1, 2018, though some start up time is allowable to provide for staffing and position implementation.

Applicant Requirements

Applicants must meet the following eligibility requirements:

- Be certified by the Ohio Department of Mental Health and Addiction Services to provide prevention services or be in the process of achieving such certification, except where exempt.
- Be able to provide adequate supervision and space for all FTEs awarded through this RFP.
- Have a proven track record of timely and adequate reporting for MHRS and/or other providers.
- Comply with all terms of the MHRS service agreement.

Service Deliverables and Work Expectations

1. Assess community needs around tobacco prevention, including:
 - a. Gathering relevant use data to identify current trends in tobacco use
 - b. Translating data from multiple systems and partners
2. Identify capacity issues, both in individual organizations and in the community, that may hinder the implementation of tobacco prevention efforts.
3. Develop comprehensive plans to address tobacco prevention across the community and with individual organizations and partners.
4. Implement prevention programs with fidelity and based on relevant research.
5. Collect necessary process, impact, and outcome data needed to show community change.

6. Provide all programs and services in a way that is culturally competent.
7. Provide all reports to MHRS in a timely and complete fashion.

Proposal Narrative

1. Describe your organizations knowledge and experience with working on large, public health based issues. (20 points)
2. Describe your organization’s experience with delivering community-based prevention services. (20 points)
3. Describe your organization’s experience with Community Based Process (as defined above), including working with community coalitions, interagency collaboration, and networking. (20 points)
4. Describe your organization’s experience in identifying, creating, and implementing education and environmental strategies. (10 points)
5. Describe the process for operational implementation by July 1, 2019 (5 points)
6. Describe the data collection process and identify key performance data proposed to be collected. (5 points)

Budget Proposal

Budgets must include: (10 points)

1. All personnel costs, including fringe benefits
2. Non-personnel administrative overhead, including recruitment costs and supervision
3. All related technology and equipment expenses
4. Costs for mileage, program supplies, and other incidentals.

Application Timeline

MHRS will respond to questions regarding this RFP until the application deadline. Questions should be sent to Tommy Koopman at tkoopman@mhrswcc.org. Requests for all submitted questions will be honored and sent to the requestor if received prior to the application deadline by contacting the email address listed above.

Request for Proposal Published	March, 18 th , 2019
Final Question Submission	April 12 th , 2019 at Noon
Deadline to Submit Applications	April 12 th , 2019 at Noon
Award Announcement Made	April 30 th , 2019

Application Requirements and Format

The Application Form and Budget Form are available for download at www.mhrsonline.org.

All applications must:

- Be submitted in no smaller than 11 point font
- Be no more than 5 pages, excluding the budget proposal and budget narrative.

INCOMPLETE applications will NOT be considered. The application and budget forms must be used.

Only electronic submissions will be accepted. Receipted email is recommended. Please submit complete and final application to rfp@mhrswcc.org. Subject line must read "Tobacco Prevention RFP"

Award Selection Criteria

MHRS will review all **completed proposals submitted by the deadline**. Proposals will be measured on:

- Alignment with MHRS mission, vision and values
- Ability to meet all the requirements of the RFP
- Budget efficiency

Additional Reporting Requirements

KPI reporting

Compliance with all assurances

Responsive to MHRS fiscal and clinical audit requests

MHRS reserves the right to reject any and all proposals.